11/24/2010 13:05

Image# 10931831330

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Association Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the 17 2010 11 Election on State of 10 14 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. William Dabdoub, DPM Type or Print Name of Treasurer Electronically Filed by Dr. William Dabdoub, DPM 11 24 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	2 / 22	
١	Vrite or Type Committee Name American Podiatric Medical Associati	on Political Action Committee		
F	deport Covering the Period: From:	M M 1 1 4 2 0 1 0 To	0:	
		COLUMN A This Period	COLUMN B Calendar Year-to-Date	
6.	(a) Cash on Hand January 1 20 10 Y Y Y		346555.85	
	(b) Cash on Hand at Begining of Reporting Period	209594.33		
	(c) Total Receipts (from Line 19)	18365.00	422428.17	
	(d) Subtotal (add lines 6(b) and			
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	227959.33	768984.02	
7.	Total Disbursements (from Line 31)	4650.00	545674.69	
8.	Cash on Hand at Close of			
	Reporting Period (subtract Line 7 from Line 6(d))	223309.33	223309.33	
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00		
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00		

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 22

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period:

From:

D D 14

2010

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м°м 1 1 D D 22

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	9821.00	241772.00
(ii) Unitemized	8544.00	149621.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18365.00	391393.62
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18365.00	391393.62
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received      Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	138.86
to Federal candidates and Other Political Committees	0.00	13000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	17895.69
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18365.00	422428.17
Total Federal Receipts     (subtract Line 18(c) from Line 19)	18365.00	422428.17

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 22

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	47005.00
Expenditures	0.00	17895.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	17895.69
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	-1500.00	519750.00
4. Independent Expenditure		
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
(a) Individuals/Persons Other	150.00	750.00
Than Political Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	150.00	750.00
9. Other Disbursements	6000.00	7279.00
D. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	2.22	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4650.00	545674.69
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	4650.00	545674.69

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 22

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18365.00	391393.62
44. Total Contribution Refunds (from Line 28(d))	150.00	750.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18215.00	390643.62
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	17895.69
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	138.86
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	17756.83

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ry of the
,	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used and address of any political	d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political Action Committee	•
. ∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Faye B. Frankfort		Date of Receipt
	Mailing Address 10800 Antigua Terrac	10 DD YYYY 14 2010	
	City	State Zip Code	Transaction ID: 18666012
	Rockville  FEC ID number of contributing federal political committee.	MD 20852-5509	Amount of Each Receipt this Period  250.00
	Name of Employer American Podiatric Medical	Occupation Director, Legislative Advo	ncacy
	Association Receipt For:	Aggregate Year-to-Date ▼	loady
	Primary General Other (specify) ▼		500.00
- 3.	Full Name (Last, First, Middle Initial) Dr. Michael B. Thompson	l	Date of Receipt
	Mailing Address 201 68th Pl.	10 19 2010	
	City	State Zip Code	Transaction ID: 18681665
	Kenosha	WI 53143-5137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Podiatric Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00
_	Full Name (Last, First, Middle Initial) Dr. Greg J. McCarthy	Date of Receipt	
	Mailing Address 33789 Foxview Ln.	10 19 2010	
	City	State Zip Code	Transaction ID: 18684880
	Sioux City	IA 51108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Self-Employed	Occupation Podiatric Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00
Γ		1	650.00

	DULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 22 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for com	mercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	OF COMMITTEE (In Full) can Podiatric Medical Associatio	n Political <i>A</i>	action Committee	
<b>A.</b> Dr. Lilly	me (Last, First, Middle Initial) Shimahara Address 8958 Riverside Dr.			Date of Receipt
	Address 6936 Hiverside Dr.			10 15 2010
City Parke	r	State AZ	Zip Code 85344-8088	Transaction ID: 18685097  Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		1000.00
Name o Self-Er	of Employer nployed	Occupatio Podiatric	n Physician	
	t For: Irimary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
B. Dr. Rich	me (Last, First, Middle Initial) nard Alexander Dellinger Address 3 Athena Ct.			Date of Receipt
	Address 5 Athena Ot.	10 18 2010		
City	City Stat Little Rock AR		Zip Code 72227-5905	Transaction ID: 18685100  Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	7227 3000	500.00
Name o Self-Er	of Employer nployed	Occupation Podiatric	n : Physician	
	t For: Irimary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	]
	me (Last, First, Middle Initial) ert J. Warkala	Date of Receipt		
Mailing	Address 59 Harrowgate Dr.	10 21 2010		
City		State	Zip Code	Transaction ID: 18686134
	y Hill  number of contributing political committee.	C	08003-1938	Amount of Each Receipt this Period  160.00
Name o Self-Er	of Employer nployed	Occupatio Podiatric	n Physician	
	t For: rimary General bther (specify) ▼		e Year-to-Date ▼ 1120.00	
SUBTOT	<b>AL</b> of Receipts This Page (optional)			1660.00
	his Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 22 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	
American Podiatric Medical Associatio	n Political <i>A</i>	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jimmy L. Gregory			Date of Receipt
Mailing Address 4319 Covington Hwy. #	<del>‡</del> 115		10 21 2010
City	State	Zip Code	Transaction ID: 18687541
Decatur	GA	30035-1206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self-Employed	Occupation Podiatric	n : Physician	1
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Dr. Craig S. Schein	Date of Receipt		
Mailing Address 4573 Bayley Hazen Rd	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1		
City	State	Zip Code	Transaction ID: 18687992
<u>Peacham</u>	VT	05862	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard T. Braver			Date of Receipt
Mailing Address 716 Galloping Hill Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18696316
Franklin Lakes	NJ	07417-1527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
Receipt For:  Primary General  Other (specify) ▼	-	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A ( ITEMIZED REC	· -	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 22 (check only one)    X
or for commercial purpo	ses, other than using the name a	nts may not be sold or used by any persond address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMIT  American Podiatr	ic Medical Association Polit	ical Action Committee	
Full Name (Last, First Dr. Kenneth J. Kruege Mailing Address 1:	r		Date of Receipt
			10 28 2010
City Indianapolis	St IN	ate Zip Code I 46260-1230	Transaction ID: 18696318  Amount of Each Receipt this Period
FEC ID number of confederal political comme	ontributing	1,	300.00
Name of Employer Self-Employed		cupation diatric Physician	
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 300.00	
Full Name (Last, First Dr. Christopher S. Gramaling Address 1	ndfield		Date of Receipt
	12 Hillcrest na.	10 28 2010	
City Portage	St IN	ate Zip Code I 46368-1073	Transaction ID: 18696319
FEC ID number of confederal political comm	ontributing	40300-1073	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed		supation diatric Physician	
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 500.00	
Full Name (Last, First Dr. D. Flynn Sherick	t, Middle Initial)		Date of Receipt
Mailing Address 4	385 Arnica Rd.	10 28 7 7 7 7	
City <u>Missoula</u>	St M	ate Zip Code T 59803-1632	Transaction ID: 18697230
FEC ID number of confederal political comme	ontributing	39003-1032	Amount of Each Receipt this Period 300.00
Name of Employer Ankle & Foot Care C	ontor	supation diatric Physician	
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receip	s This Page (optional)		1100.00

	LE A (FEC Form 3X)  O RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 22 (check only one)    X   11a
or for commerc	n copied from such Reports and size purposes, other than using the COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	Podiatric Medical Associati	on Political A	Action Committee	
A. Dr. William				Date of Receipt
	dress 100 Ayshire Ct.	01-1-	7'- 0-1-	111 / 01 / 2010
City Slidell		State LA	Zip Code 70461-5034	Transaction ID: 18697330  Amount of Each Receipt this Period
FEC ID nur	mber of contributing tical committee.	С		175.00
Name of Er Self-Emplo	mployer yed	Occupation Podiatric	n : Physician	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 2400.00	
Full Name of Dr. Jeffrey F		Date of Receipt		
City		State	Zip Code	11 01 2010
Gilbert	•		85296-3238	Transaction ID: 18697331  Amount of Each Receipt this Period
	mber of contributing tical committee.	C		25.00
Name of Er East Valley .L.C.	mployer · Footcare, P.L-	Occupation Podiatric	n : Physician	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 325.00	
	(Last, First, Middle Initial) McCammon			Date of Receipt
Mailing Add	dress 9477 S.E. Emerald Lo	оор		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Happy Va	allov	State OR	Zip Code 97086-8037	Transaction ID: 18697332
FEC ID nur	mber of contributing tical committee.	C	97000-0037	Amount of Each Receipt this Period  56.00
Name of Er Self-Emplo	mployer yed	Occupation Podiatric	n : Physician	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 448.00	
SUBTOTAL	of Receipts This Page (optional) .		I	256.00
	Period (last page this line number		<u> </u>	

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 22 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and ado	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	on i ontical F		Date of Receipt
۱.	Dr. Loring J. Stead  Mailing Address 2727 Salem Rd. S.W.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Rochester	State MN	Zip Code 55902-1306	Transaction ID: 18697333  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Olmsted Medical Center	Occupatio Podiatric	n : Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	
	Full Name (Last, First, Middle Initial) Dr. Bruce J. McLaughlin Mailing Address 49 West Ln.			Date of Receipt
		11 01 2010		
	City Brightwaters	State NY	Zip Code 11718-1025	Transaction ID: 18697336
	FEC ID number of contributing federal political committee.	C	11710-1025	Amount of Each Receipt this Period
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		800.00	
_	Full Name (Last, First, Middle Initial) Dr. Aniello Scotti, Jr.	Date of Receipt		
	Mailing Address 1 Three Pond Rd.	1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State NY	Zip Code	Transaction ID: 18697337
	Smithtown FEC ID number of contributing federal political committee.	C	11787-1830	Amount of Each Receipt this Period  25.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		145.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 22 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	, ,	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Podiatric Medical Associa	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. David Glen Wade			Date of Receipt
Mailing Address 2420 Grand Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18697378
Oklahoma City	OK	73116-4118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Self-Employed	Occupation	n Physician	
Receipt For:	<del></del>	e Year-to-Date ▼	$\dashv$
Primary General	Aggregate		7
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Dr. Richard Chwastiak			Date of Receipt
Mailing Address 615 E. Broad St.			10 29 2010
City	State	Zip Code	Transaction ID: 18709064
<u>Tamaqua</u>	PA	18252-2206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Joseph C. D'Amico			Date of Receipt
Mailing Address 333 W. 57th St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18715936
New York	NY	10019-3159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
SUBTOTAL of Receipts This Page (optional			700.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the Immary Page	(check only one)    X		
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or ne name and address of any po	used by any perso ditical committee to	n for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)  American Podiatric Medical Associa	ion Political Action Comm	ittee			
Full Name (Last, First, Middle Initial) Dr. Michael A. Mineo	\ ,				
Mailing Address 5305 Lampasas St.	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y				
City	State Zip Code TX 77056-62		Transaction ID: 18715937		
Houston  FEC ID number of contributing federal political committee.	TX 77056-62	220	Amount of Each Receipt this Period  300.00		
Name of Employer Self-Employed	Occupation Podiatric Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	300.00			
Full Name (Last, First, Middle Initial) Dr. Howard M. Gale	Date of Receipt				
Mailing Address 1904 Sweet Bay Cov	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Statesboro	State Zip Code GA 30461-05		Transaction ID: 18722830		
FEC ID number of contributing federal political committee.	GA 30461-05	990	Amount of Each Receipt this Period  300.00		
Name of Employer Self Employed	Occupation Podiatric Physician				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	300.00			
Full Name (Last, First, Middle Initial) Dr. Robb A. Mothershed			Date of Receipt		
Mailing Address 5732 Brandiles Ln.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Winston Salem	State Zip Code NC 27104		Transaction ID: 18723216		
FEC ID number of contributing federal political committee.	C 27104	•	Amount of Each Receipt this Period  300.00		
Name of Employer Ft. & Ankle Specialists of the Carolin Receipt For:	Occupation Podiatric Physician				
Primary General Other (specify) ▼	Aggregate Year-to-Date	300.00			
SUBTOTAL of Receipts This Page (optional)	1		900.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 22 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	I y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full)  American Podiatric Medical Associatio	on Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Odin de los Reyes			Date of Receipt
Mailing Address 351 Crest Rd.			1 1 0 8 2 0 1 0
City	State	Zip Code	Transaction ID: 18723579
Southington	CT	06489-2868	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		700.00
Name of Employer Self	Occupatio Podiatric	n : Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Marque Anthony Allen			Date of Receipt
Mailing Address 114 Santa Ursula			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18724865
Helotes	TX	78023-4338	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gregory T. Amarantos			Date of Receipt
Mailing Address 1291 Lawrence Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18725898
Lake Forest	IL	60045-3639	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Amarantos Foot Center	Occupation Podiatric	n : Physician	
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1450.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 22 (check only one)    X
A oı	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Podiatric Medical Associati	ion Political A	ction Committee	
۸.	Full Name (Last, First, Middle Initial) Dr. Jimmy W. Downing			Date of Receipt
	Mailing Address 685 Tanners Ln.			11 1 10 2010
	City Earlysville	State VA	Zip Code 22936-9679	Transaction ID: 18725967  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Dr. Richard G. Lee			Date of Receipt
	Mailing Address 10803 Lockmeade Co	ourt		11 10 2010
	City Great Falls	State VA	Zip Code	Transaction ID: 18725970
	FEC ID number of contributing federal political committee.	C	22066-1627	Amount of Each Receipt this Period
	Name of Employer Self-Employed	Occupation Podiatric	Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. My Hoa Kaas			Date of Receipt
	Mailing Address 7616 Center St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18726862
	Falls Church FEC ID number of contributing federal political committee.	C	22043-2925	Amount of Each Receipt this Period  200.00
	Name of Employer Virginia Foot & Ankle Cen- ter	Occupation Podiatric	n Physician	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
5	SUBTOTAL of Receipts This Page (optional) .			400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 22 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements man	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Podiatric Medical Association	n Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Phillip E. Ward			Date of Receipt
Mailing Address 2321 Timberlane Dr.			M M / D D / Y Y Y Y Y 1 1 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: 18731267
Florence	SC	29506-8338	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer Carolina Health Care	Occupatio Podiatric	n Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) Dr. Nicholas I. Sol			Date of Receipt
Mailing Address The Walking Clinic 5014 El Camino Dr.			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State	Zip Code	Transaction ID: 18732161
Colorado Springs	CO	80918-2106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer The Walking Clinic	Occupatio Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala			Date of Receipt
Mailing Address 59 Harrowgate Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18754864
Cherry Hill	NJ	08003-1938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		160.00
Name of Employer Self-Employed	Occupatio Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼	-	Year-to-Date ▼ 1280.00	
SUBTOTAL of Receipts This Page (optional)			1410.00

В.

PAGE 17/22 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Dr. Peter E. Schaffer Mailing Address 6020 Revere Pl. 22 2010 1.1 Zip Code City State Transaction ID: 18755082 **Bloomfield Hills** MI 48301-1771 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Birmingham FootCare Speci-Occupation Podiatric Physician alists Receipt For: Aggregate Year-to-Date General Primary 300.00 Other (specify) Full Name (Last, First, Middle Initial) Dr. Greg J. McCarthy Date of Receipt Mailing Address 33789 Foxview Ln. 10 20 2010 City State Zip Code Transaction ID: 18757857 Sioux City IΑ 51108 Amount of Each Receipt this Period FEC ID number of contributing C 0.00 federal political committee. Name of Employer Self-Employed Occupation Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$15-150.00

SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line number only)	<b>•</b>	9821.00

Other (specify)

SCHEDULE B (FEC Fo	rm 3X)	Use sep	arate schedule(s)			LINE NUMBER: PAG			AGE 18/	22				
ITEMIZED DISBURSE	MENTS		category of the Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29	26 30k				
Any Information copied from such R or for commercial purposes, other the														
NAME OF COMMITTEE (In Ful American Podiatric Medical	J)													
Full Name (Last, First, Middle In Friends Of John Sarbanes	tial)					Date	saction ID of Disburs	ement						
Mailing Address PO Box 6	854					1 <sup>M</sup> 0	M / D	5 /	y žo j	0 <sup>Y</sup>				
City Towson		State MD	Zip Code 21285			Amou	ınt of Each	Disburs	ement this					
Purpose of Disbursement Void - Friends Of John Sarbane	5				011			• • •	-2500.0	Ų				
Candidate Name Rep. John P. Sarbanes				<u> </u>	ategory/ Type									
Office Sought:  X House Senate Presiden State: MD District: 03		ement For: Primary Other (spe	2010 X General ecify) ▼			Void rbane	- Friends es	Of Joh	n Sa-					
Full Name (Last, First, Middle In Carol Shea-Porter For Con	gress					Date	saction ID of Disburs		7943 ° 2 0 1	O Y				
Mailing Address PO Box 4	53 					10								
City Rochester		State NH	Zip Code 03866			Amou	int of Each	Disburs	ement this					
Purpose of Disbursement Void - Carol Shea-Porter For Co Candidate Name Rep. Carol Shea-Porter	ngress			C	011 ategory/ Type				-1000.0	Ų.				
Office Sought:  X House Senate Presiden  State: NH District: 01		ement For: Primary Other (spe	2010  X General ecify)		7,62		- Carol S congress	hea-Poi	rter					
Full Name (Last, First, Middle In People For Platts Committee						Date	saction ID of Disburs	ement						
Mailing Address 3695 Sori	el Ridge Lane					1 0	M / D	22 /	žož	0 <sup>Y</sup>				
City York		State PA	Zip Code 17406			Amou	ınt of Each	Disburs	ement this					
<u>-</u>					011				-1500.00					
Candidate Name Rep. Todd Russell Platts														
Office Sought:    X   House     Senate     Presiden     State: PA   District: 19		ement For: Primary Other (spe	2010  X General ecify)			Void Comr	- People nittee	For Pla	tts					
SUBTOTAL of Disbursements Thi	e Page (ontional)				<b>.</b>			•	-5000.0	0				
TOTAL This Period (last page this							• •		2,2,0,0					

	(FEC Form 3X) BURSEMENTS		arate schedule(s) category of the		(check	INE NU	ne)	_		PAGE		22
			Summary Page		21 27	<u>'                                    </u>	22 28a	X 23 28b		3c	25 29	
	from such Reports and States oses, other than using the nan											;
NAME OF COMM American Podia	TTEE (In Full) tric Medical Association F	olitical Act	tion Committee	)								
Full Name (Last, F Citizens To Elec	rst, Middle Initial) t Phil Roe To Congress					I	Date o	f Disbu	D: 186	92834	ļ	
Mailing Address	PO Box 3218						1 <sup>M</sup> 0	M / C	26	Y 2	010	) <sup>Y</sup>
City Johnson City		State TN	Zip Code 37602				Amou	nt of Ead	ch Disbu			
	sement Elect Phil Roe To Congress				011					-30	00.00	)
Candidate Name Rep. David Phil	·				ategory/ Type	/						
Office Sought:	Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼			F	√oid - Phil R	Citizer oe To	ns To E Congres	ect ss		
Full Name (Last, F	District: 01  rst, Middle Initial) ican Congressional Comr	nittee							D: 186	97213	3	
Mailing Address	320 First Street, S.E						10	M / C	29	YZ	0 1 0	) <sup>Y</sup>
City Washington		State DC	Zip Code 20003				Amou	nt of Ead	ch Disbu	rsemer	t this F	erio
Purpose of Disburs	sement			Г	011					50	00.00	)
Candidate Name National Republican Congressional Committee					ategory/ Type	/						
Office Sought:	Senate President	ement For: Primary Other (spe	General ecify) ▼									
State: Full Name (Last, F	District: rst, Middle Initial)						Trans	action I	<b>D</b> : 187	23425	)	
Lee Terry For C	ongress						Date o		rsement		0 1 0	Y
Mailing Address	PO Box 540098						11		0 8			
City Omaha		State NE	Zip Code 68154				Amou	nt of Ead	ch Disbu			_
Purpose of Disburs Void - Lee Terry Fo					011					-10	00.00	-
Candidate Name Rep. Lee Terry					ategory/ Type							
Office Sought:	Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼				Void - ress	Lee Te	erry For	Cong	-	
State: NE	District: 02											
								-	-	10	-	

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	CHEDULE B (FEC Form 3	Use separate schedule(s)			NUMBE	R:		PA	GE	20 / 2	22	
IT	EMIZED DISBURSEMEN	for each category of the Detailed Summary Page		21b   27	22 28a	X 23 28l		24 28c	Н	25 29		26 30b
	y Information copied from such Reports a for commercial purposes, other than usin											
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
/	American Podiatric Medical Association	ciation Political Action Committee										
	Full Name (Last, First, Middle Initial)				Trans	action	ID: 1	8731	506			
	Stivers For Congress				Date o	of Disbu	ırseme	ent				
	Mailing Address 4679 Winterset	Drive			1 <sup>M</sup> 1	M /	<sup>D</sup> 1 <sup>D</sup>	/ Y	ž	0 1 C	Y	
	City Columbus	State Zip Code OH 43220			Amou	nt of Ea	ch Dis	sburse	-			od
	Purpose of Disbursement 2010 General Election Debt Retirement		011		L.				25	00.00		
	Candidate Name Mr. Steve Stivers		Category Type	y/								
	Office Sought:  X House Senate President	Disbursement For: 2010 Primary X General Other (specify)			2010 Retire	Genera ment	al Ele	ction	Deb	ot		
	State: OH District: 15	General Debt 2010										

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<b>•</b>	-1500.00

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5(	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 21/22
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check online) 21b 27	y one)  22 23 24 25 26  X 28a 28b 28c 29 30b
	y Information copied from such Reports and Store commercial purposes, other than using the r			
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Association	Political Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: 18685592
	Dr. Greg J. McCarthy			Date of Disbursement
	Mailing Address 33789 Foxview Ln.			10 M / D2 D / Y 20 10 Y
	City Sioux City	State Zip Code IA 51108		Amount of Each Disbursement this Period
	Purpose of Disbursement refund of duplicate contribution by Dr. McCartl	у	010	150.00
	Candidate Name		Category/ Type	
	Office Sought: House Disb Senate President	ursement For:  Primary General  Other (specify) ▼		refund of duplicate contr- ibution by Dr. McCarthy
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>		•		150.00	
TOTAL This Period (last page this line number only)	<u> </u>				150.00	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	OR LINE NUMBER: PAGE 22 / 22 check only one)				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b				
Any Information copied from such Reports and Stor for commercial purposes, other than using the		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee				
NAME OF COMMITTEE (In Full)  American Podiatric Medical Associatio						
Full Name (Last, First, Middle Initial) Tim Bishop For Congress		Transaction ID: 18725909 Date of Disbursement				
Mailing Address PO Box 437		111 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Farmingville	State Zip Code NY 11738	Amount of Each Disbursement this Period				
Purpose of Disbursement Recount2010 Contribution to Recount Initiativ						
Candidate Name Rep. Timothy Bishop	Cate Ty	9 ,				
Office Sought:  X House Senate President State: NY District: 01	ursement For: Primary General Other (specify)	Contribution to Recount Initiatives				
Full Name (Last, First, Middle Initial) Ben Chandler For Congress	Transaction ID: 18725912 Date of Disbursement					
Mailing Address P. O. Box 12678	111 / D10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Lexington	State Zip Code KY 40508	Amount of Each Disbursement this Perio				
Purpose of Disbursement Recount2010 Contribution to Recount Initiativ						
Candidate Name Rep. Benjamin Chandler	Cate Ty					
Office Sought:  X House Senate President State: KY District: 06	oursement For:  Primary  General  Other (specify) ▼	Contribution to Recount Initiatives				
Full Name (Last, First, Middle Initial) Mcnerney For Congress		Transaction ID: 18725913 Date of Disbursement				
Mailing Address 6520 Village Parkway Second Floor	/	1 1 M / D 1 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Dublin	State Zip Code CA 94568	Amount of Each Disbursement this Perio				
Purpose of Disbursement Recount2010 Contribution to Recount Initiativ						
Rep. Jerry McNerney						
Office Sought: X House Disk Senate President	ursement For: Primary General Other (specify)	Contribution to Recount Initiatives				
State: CA District: 11						
SUBTOTAL of Disbursements This Page (optio	nal)	6000.00				
	,	6000.00				